

Form No. 10. NATIONAL BUREAU OF VITAL STATISTICS. PREPARED BY THE U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. THIS IS A PRELIMINARY REPORT. WHEN REPORTED TO THE NATIONAL BUREAU OF VITAL STATISTICS, IT WILL BE RECORDED IN THE NATIONAL BUREAU OF VITAL STATISTICS. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

(1) PLACE OF BIRTH

County of Jasper

Township of Plantation

Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
43322

Registration District No. 4401 Registered No. 1
(For use of Local Registrar)

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

2) Full Name of Child Nathan Giles

3) BOY OR GIRL Boy

(4) Twin or triplet?

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 30, 1946
(Name of Month) (Day) (Year)

FATHER

1) FULL NAME Jake Giles

2) PRESENT POSTOFFICE OF FATHER Coarawahatchie

3) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)

4) BIRTHPLACE Coarawahatchie

5) OCCUPATION Farmer

6) Number of children born to mother including present birth 3

(14) NAME BEFORE MARRIAGE Bessie Singleton

(15) PRESENT POSTOFFICE OF MOTHER Coarawahatchie

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Black's Plantation

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive (Mark born alive or stillborn) (Date Jan 30, 1946)

(23) Signature Peggy A. Singleton

(24) State whether Physician or Midwife. The Address of Physician or Midwife Coarawahatchie

Midwife C. H. Roberts

(25) Witness Signature of Witness (necessary only when question 22 is signed by mark)

(26) Filed 12/8 1946 DR. R. J. USK Peggy A. Singleton

When there was no attending physician or midwife, then the father or mother or other person who made the report of stillbirth before the child breathed ever once, it must not be reported as stillborn. The report is limited of stillbirth before the child breathes ever once.

A CHIEF OFFICER OF HEALTH OR OTHER OFFICIAL MUST NOT BE REPORTED AS STILLBORN. THE REPORT IS LIMITED OF STILLBIRTH BEFORE THE CHILD BREATHES EVER ONCE.